PTO/SB05 (12-01)
Approved for use through 7/31/2006, CMB 9851-0022
U.S. Patient and Tiedeman's Office; U.S. DEPARTMENT OF COMMERCE

Under the Peperwark Reduction Act of 1995, no persons are required to respond to a collection of information unles PATENT APPLICATION FEE DETERMINATION RECORD							Application of Applied ONES control number.		
Substitute for Form PTO-875							09/84/097		
APPUCATION AS FILED - PART I (Column 1) (Column 2)			kma 2)	8MA	LL ENTITY	_ OR	OTHER THAN OR SMALL ENTITY		
FOR	NUMBER FILED	NUMB	ER EXTILA	RATE	PEE (S)		RATE (5)	FEE (A)	
BASIC FEE (37 CFR 1.18(s), (6), or (c))						1		490	
SEARCH FEE (37 OFR 1.16(0), (0, or (00))									
EXAMPLATION FEE (37 GFR LIE(s), (s), or (d)		<u> </u>				j	`		
TOTAL CLAIMS (ST CFR 1.16(9)	7 minus 20 *	1.		×	•	o _R	× •		
INDEPENDENT CLAIMS (97 CFR 1.16(h))	D minus 3 .					1	x .		
APPLICATION SIZE APPLICATION SIZE FEE (37 CFR 1.16(s)) If the specification and drawings exceed 100 shorts of paper, the application size foe due is \$250 (\$125 for areal entity) for each additional 50 shorts or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).									
MULTIPLE DEPENDENT CLAIM PRESENT (\$7 CFR 1,18(0)									
" if the difference in column 1 is less than zero, enter "O" in column 2.						1	TOTAL	790	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)				SMA	SMALL ENTITY		OR OTHER THAN SMALL ENTITY		
< 2/1/06 R	MARING AFTER PI ENDMENT	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATEG	ADDI- TIONAL FEE (8)		RATE (5)	ADDI- TIONAL FEE (S)	
M Lotal Table	Mires "	<i>3D</i>	• /	×		o R	x •		
Total promise profit pr	Minus W	ター	*/			1			
Application Size Fee (37 CFR 1.16(s))						1 ~			
FREST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (17 CFg 1.192)						OR			
•				TOTAL ADDL FE	E	OR	TOTAL ADDL FEE		
(Column 1) (Column 2) (Column 3)									
0 10/2/10 RE	MANING AFTER PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE (X	ADOI- TIONAL FEE (5)		RATE(S)	ADDI- TIONAL FEE (5)	
Z Cacus (1980)	19 Minus -	20	•	X.		OR	*	1	
Total	2 Minus	3	•	1	. /	1 °		/	
Application Size Fee (37-CFR 1.18(s))					1 ~				
PAST PRESENTATION OF MALTIPLE DEPOSIDENT CLASM (\$7 GFR 1.16(5)					T	or .			
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write "V" in column 3. "If the "Righest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Righest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2". The "Righest Number Previously Paid For" (I total or independent) is the highest number found in the appropriate box in column 1.									

This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is assimished to take 12 chirutes to complete, including gardesing, preparing, and submitting the completed application form to the USPTO. There will vary depending upon the individual case. Any comments on the smooth of time you require to complete this form another suggestions for national values, should be sent to the Chief Information Officer, U.S. Patient and Tradesmark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-600-PTO-9199 and anisot option 2.